


CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted to
Group Art Unit 2834, 703-872-9318, addressed to: Commissioner
for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: May 20, 2003


Sonia V. McVean

PATENT
36856.615

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Shigeto TAGA	Art Unit: 2834
Serial No.: 10/077,775	Examiner: K. Addison
Filed: February 20, 2002	
Title: SURFACE ACOUSTIC WAVE DEVICE AND COMMUNICATION APPARATUS INCLUDING THE SAME	

PETITION FOR EXTENSION OF TIME

Assistant Commissioner for Trademarks
Washington, DC 20231

Sir:

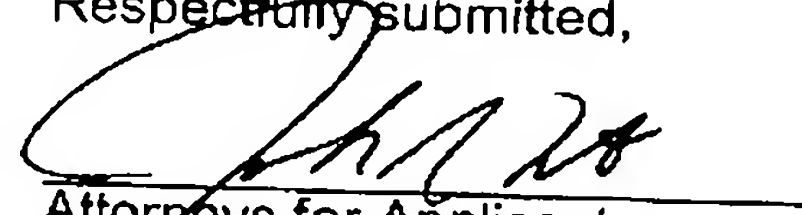
In accordance with 37 C.F.R. § 1.136(a), Applicants hereby petition for a THREE-month extension of time to respond to the outstanding Office Action dated November 21, 2002, or until May 21, 2003.

Enclosed is a Credit Card Payment form for \$930.00 to pay the THREE-month extension fee in accordance with Rule 1.17(a)(3).

The Commissioner of Patents is authorized to charge any amount due, or credit any overpayment, to Deposit Account No. 50-1353.

Dated: May 20, 2003

Respectfully submitted,


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PTO 2038 (02-2000)

Approved for use through 01/31/2003. OM3 0851-0043

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UNITED STATES PATENT & TRADEMARK OFFICE
Credit Card Payment Form
Please Read Instructions before Completing this Form

Credit Card Information**Credit Card Type:** Visa Master Card ☒ American Express Discover

Credit Card Account #: 3715 318560 14001

Credit Card Expiration Date: 05/2006

Name as it Appears on Credit Card: Joseph R. Keating

Payment Amount: \$ (US Dollars): \$930.00

Signature: 

Date: May 20, 2003

Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be via credit to the credit card account.

Service Charge: There is a 50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21 (m)).

Credit Card Billing Address

Street Address1: 10400 Eaton Place

Street Address2: Suite 312

City: Fairfax

State: VA

Zip/Postal Code: 22030

Country: U.S.A.

Daytime Phone #: (703) 385-5200

Fax #: (703) 385-5080

Request and Payment Information

Description of Request and Payment Information:

Petition Fee for Three-Month Extension of Time

Patent Fee	Patent Maintenance Fee	Trademark Fee	Other Fee
Application No. 10/077,775	Application No.	Serial No.	IDON Customer No.
Patent No.	Patent No.	Registration No.	
Attorney Docket No. 38856.815		Identify or Describe Mark	

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